

B6J (Official Form 6J) (12/07)  
In re **Cynthia L. Gesick**

Case No. **2:11-bk-58499**

Debtor(s)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>0.00</b>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	<b>350.00</b>
b. Water and sewer	\$	<b>100.00</b>
c. Telephone	\$	<b>300.00</b>
d. Other <b>Cable/Internet</b>	\$	<b>80.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>30.00</b>
4. Food	\$	<b>650.00</b>
5. Clothing	\$	<b>100.00</b>
6. Laundry and dry cleaning	\$	<b>55.00</b>
7. Medical and dental expenses	\$	<b>80.00</b>
8. Transportation (not including car payments)	\$	<b>261.32</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>40.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>50.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>140.00</b>
e. Other	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) <b>Real Estate</b>	\$	<b>150.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other	\$	<b>0.00</b>
c. Other	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <b>Meals at work</b>	\$	<b>178.00</b>
Other <b>Personal Care</b>	\$	<b>153.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<b>2,717.32</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>None</b>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<b>3,669.32</b>
b. Average monthly expenses from Line 18 above	\$	<b>2,717.32</b>
c. Monthly net income (a. minus b.)	\$	<b>952.00</b>